



# Zoning Board of Appeals

City of Yonkers  
87 Nepperhan Avenue, 5<sup>th</sup> floor  
Yonkers, NY 10701  
914-377-6535

	Item/Exhibit	original	# copies	✓
	<b><i>*All below items due 22 calendar days before scheduled meeting in order to be placed on the Agenda* please call for deadlines/dates</i></b>			
1	<b>Application form</b> (white sheet (enclosed))	1	11	
2	<b>Notarized Letter of Authorization</b> (Allowing representative to file and present on behalf of the owner and/or applicant)	1	11	
3	<b>Principal Points</b> (based on points of law-NY Planning Federation sheet (enclosed))	1	11	
4	<b>Fee \$</b> _____ <b>rct#</b> _____ (\$350 (per lot) for 1 or 2 family dwelling; \$1500 (per lot) all other)	1		
5	<b>Sign Deposit</b> \$250 per sign <b>ck#</b> _____ (Separate check; once sign is returned, check will be returned)	1		
6	<b>Objection</b> (Building Application Review from DHB)		12	
7	Up to Date <b>Certificate of Occupancy</b> - if available		12	
8	<b>Area Map</b> (200 foot radius/buffer from corners around variance location or 400ft. radius for motor fuel filling stations in B, BA, or CM zones) *sample enclosed or can be obtained from Assessment or online <a href="http://imo.yonkersny.gov/search.aspx">http://imo.yonkersny.gov/search.aspx</a> *please be advised this system's buffer is from lot center, please adjust your radius accordingly		12	
9	<b>Photos</b> (of proposed variance location and surrounding properties and neighborhood) minimum of 8 photos (sides, rear, front, surrounding areas)		12	
10	<b>List of Property Owners</b> mailing addresses & location of property owned within a 200 foot radius/buffer around variance location or 400 ft. radius for motor fuel filling stations in B, BA, or CM zones) *can be obtained from Assessment or online <a href="http://imo.yonkersny.gov/search.aspx">http://imo.yonkersny.gov/search.aspx</a>		12	
11	<b>Submission of Documents</b> (enclosed) w/notarized affidavit.	1	11	
12	<b>Survey</b> of property		12	
13	<b>Plans</b> (Drawings of Structure with Plot Plan)	1	11	
14	<b>PDF</b> (disk or flash drive) of all submitted documents/exhibits/plans	1		
	<b><i>**Items below to be submitted at least 10 calendar days before scheduled meeting**</i></b> (Chapter 43, Article XI, 43-144D)			
15	<b>Notice Served</b> to the above (sample enclosed) <b><i>*Mailings should not be prepared or sent until Agenda date has been confirmed by the ZBA clerk</i></b>	1	1	
16	<b>Post Office Receipts</b> Certified or Registered Mail – returned receipt not required (form enclosed)	1	1	
17	<b>Proof of Service</b> (enclosed) notarized	1	1	
	****			
18	<b>Sign Posted</b> sign shall be <b>posted 10 days</b> before scheduled meeting and proof submitted to ZBA (Chapter 43, Article XI, 43-144E and Article XII, 43-156)			
19	<b>Sign Returned</b> sign shall be <b>returned within 10 days after the case has been closed</b> or the deposit will be forfeited (Chapter 43, Article XI, 43-144E & Article XII, 43-156)			



### Notes:

1. Please be advised a Building Application shall be filed and a Building Application review must be issued before a ZBA application will be considered. This is so we know what variances are being requested.
2. Please be advised, there is a limit of 6 new cases accepted per month, per agenda. Please submit at your earliest convenience to secure a space on the agenda; however, there is no guarantee.
3. One **complete original collated** package may be submitted before the 22 day deadline to reserve a space on the agenda. Additional **collated** packages must be received by 3:30 pm the day of the deadline in order to keep your case on the agenda.
4. No decision will be made the same night as original meeting. Decisions are scheduled at a subsequent meeting as per the discretion of the Chairman.
5. Resolution letters/Special Conditions will be emailed, as well as mailed (original), about 3-4 weeks after the meeting. Minutes must be received and processed.
6. Please note, this is a public hearing in front of a Board, please dress appropriately. Professional attire is required.
7. Questions:  
General Application Questions: 914-377-6535  
Technical/Code/Zoning Questions: 914-377-6507 or 6506
8. The plans must list YONKERS, NY as the location of subject property.
9. All plans must bear the seal of a registered architect or licensed professional engineer.
10. Please be advised that building permit applications requiring area or parking variances must clearly show for each such variance needed, the "required" setback or standard, as well as the actual "proposed" setback, on a dimensioned site plan.
11. All supplementary paperwork requested as per the Chairman, must be submitted 10 days before the next meeting.

### AREA MAP REQUIREMENTS

- a. Required number of copies of an area map, drawn to scale, on sheets not to exceed 11" x 14" in size. This diagram to show clearly the following:
  1. The use and height in stories and type of construction of all properties within a radius of 200 ft. from the perimeter of the plot in question, which is the subject of this application and 400 ft. radius for motor fuel filling stations in B, BA, or CM zone.
  2. All block numbers to be blocked i.e. 3478
  3. All lot numbers to be circled – i.e. ④
  4. The frontage to the nearest foot of all lots to be marked within the building line.
  5. All house numbers to be marked outside of building line.
  6. Street names.
  7. Street widths.
  8. Compass points.
  9. Indicate the point at which each photograph was taken by means of numeral within a circle and an arrow showing the direction in which the camera faced when each photograph was taken.
  10. SCALE – 80 feet – 1 inch, date of drawing, and explanatory legend.
  11. The Zoning Notification Map (200 ft. radius) should show the Zoning District classification for each parcel receiving notice therein (S-50; S-75; BR; etc...).

NOTE: Where other types of facilities are indicated other than those covered in the legend, write in the use i.e. warehouse, office, bowling, etc...

#### Explanatory Legend:

III	STORY HEIGHT	D	DWELLING
MD	MULTIPLE DWELLING	S	STORE
B	MASONRY	M	METAL
F	FRAME	G	GARAGES
FP	FIREPROOF	4	INDICATES POSITION OF CAMERA DIRECTION AND PHOTOGRAPH

*City of Yonkers*  
*Department of Housing and Buildings*  
***Zoning Board of Appeals***  
**Application Form**

1. Property Location (Tax Address) \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

2. Building Permit Application# \_\_\_\_\_ Objection Dated: \_\_\_\_\_

3. Applicant/Owner: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

4. Lessee (if applicable): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

5. Representative (Attorney/Engineer, etc.): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

6. The above described property was acquired on (date) \_\_\_\_\_

7. Number of affected property owners notified by mail \_\_\_\_\_

8. Description of the proposed project requiring Variance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Type of Variance requested: (please circle)      *Use Variance*      *Area Variance*  
*Improvement to a Non-Conforming Use*      *Intensification of a Non-Conforming Use*  
*Appeal from a Interpretation/Decision/Order of the Commissioner of Buildings*

10. Size at street level: Feet Front \_\_\_\_\_, Feet Deep \_\_\_\_\_, Height \_\_\_\_\_ ft., # Stories \_\_\_\_\_

11. Is this property within 500 feet from a municipal boundary? [ ] yes [ ] no

If yes, which municipality? \_\_\_\_\_

12. Is this property within 500 feet from a State or County park/recreation area, right of way/road, drainage channel, land/public building/institution, farm? [ ] yes [ ] no

If yes, explain? \_\_\_\_\_

\_\_\_\_\_  
**Owner/Applicant/Representative Signature**



*New York Planning Federation  
44 Central Avenue  
Albany, NY 12206  
800-366-6973*

**Summary of  
AREA VARIANCE CRITERIA  
©1999 NYPF**

*Balancing test-* Board of Appeals shall balance benefit to applicant with detriment to health, safety and welfare of the community.

Board of Appeals shall also consider:

- ✓ Whether benefit can be achieved by other means feasible to applicant
- ✓ Undesirable change in neighborhood character or to nearby properties
- ✓ Whether request is substantial
- ✓ Whether request will have adverse physical or environmental effects
- ✓ Whether alleged difficulty is self-created

If approved shall grant minimum variance necessary and may impose reasonable conditions.

**Summary of  
USE VARIANCE CRITERIA  
©1999 NYPF**

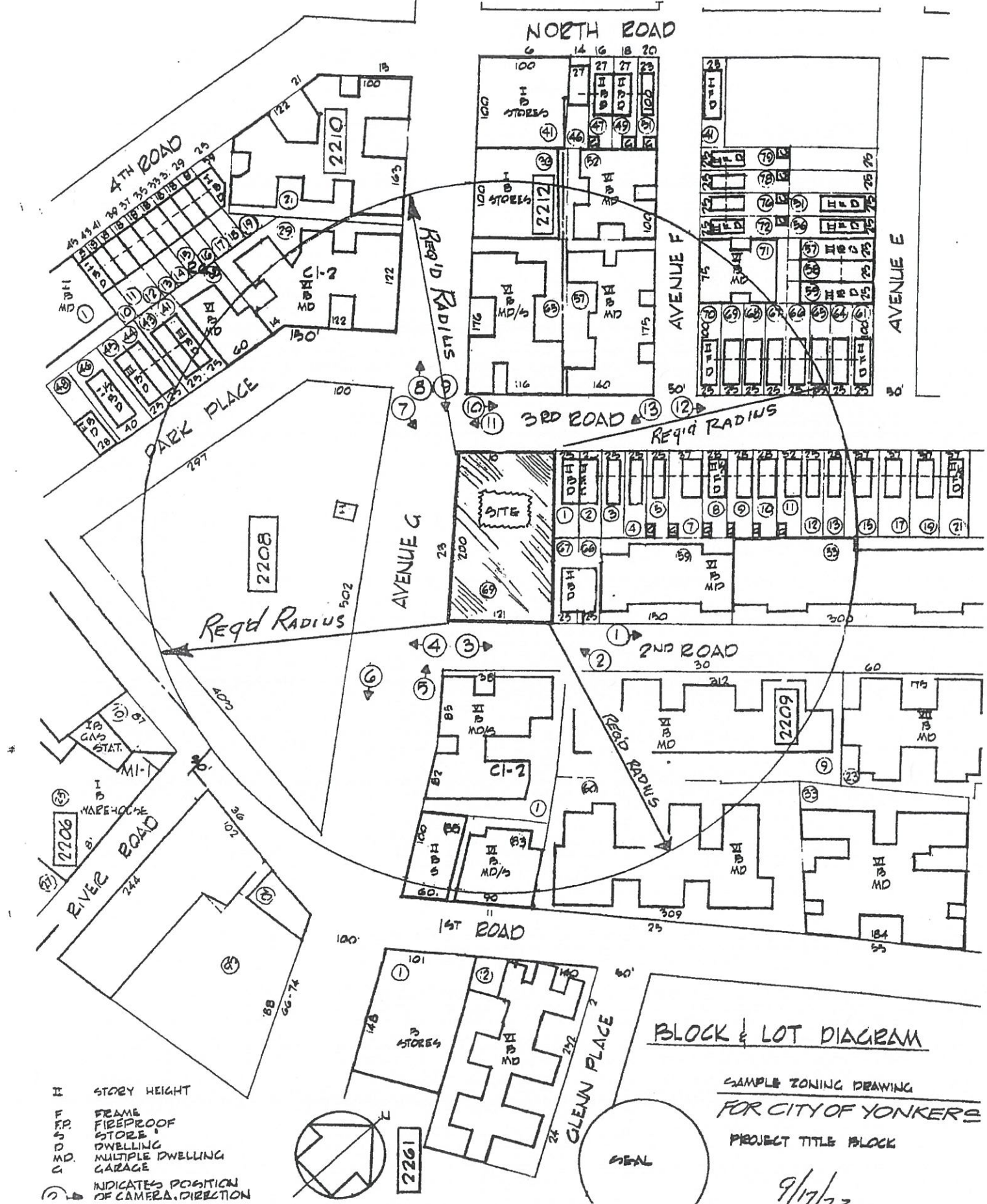
To allow a use not otherwise allowed in zoning, an applicant must demonstrate to the Board – *unnecessary hardship*. Such demonstration includes all of the following, for each and every permitted use.

1. Can not realize a reasonable return – substantial as shown by competent financial evidence
2. Alleged hardship is unique and does not apply to substantial portion of the district or neighborhood
3. Requested variance will not alter essential character of the neighborhood
4. Alleged hardship has not been self-created

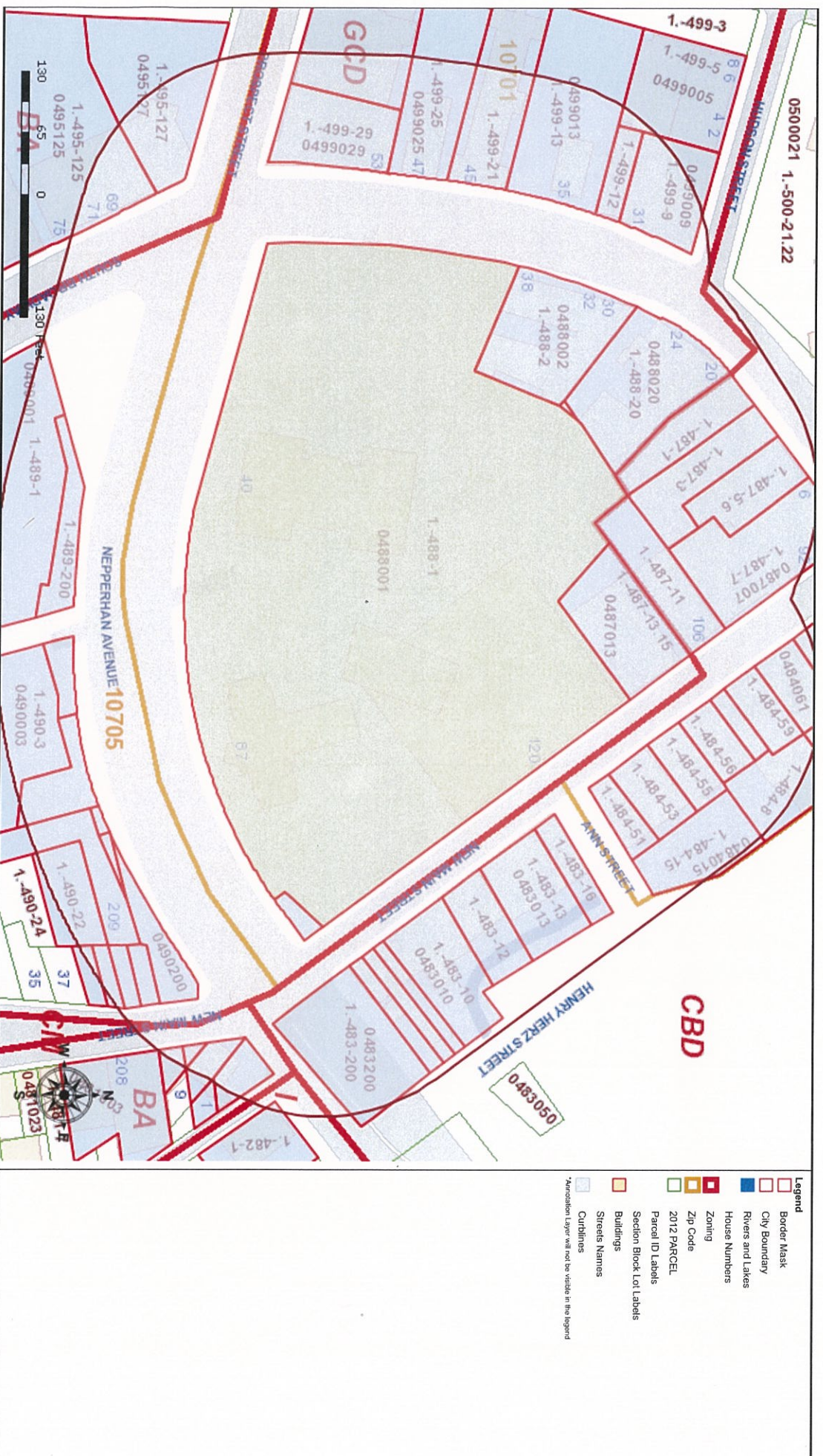
If approved shall grant minimum variance necessary and may impose reasonable conditions.

*\*also used for Non-Conforming Use & Extension or Intensification to Non-Conforming Use*

**CITY OF YONKERS**  
**ZONING BOARD OF APPEALS**  
**Sample Zoning Drawing**









## Zoning Notice

### PLEASE TAKE NOTICE:

That an application has been made by \_\_\_\_\_,  
of \_\_\_\_\_, phone # \_\_\_\_\_,  
on behalf of (name, address, phone#) \_\_\_\_\_,  
For a hearing before the Zoning Board of Appeals for a Variance under the provisions of the  
Zoning Ordinance, City of Yonkers General Ordinance 4-2000 as amended, as follows:  
(include brief description of variance & attach copy of DHB denial) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On premises known as \_\_\_\_\_  
Block \_\_\_\_\_ Lot \_\_\_\_\_ and this notice is sent to you as an owner of property  
affected by the applicant. This application is now on the Zoning Clerk's calendar which will be  
called \_\_\_\_\_ at \_\_\_\_\_, sharp in the Ceremonial Courtroom, opposite  
Council Chambers, City Hall, Yonkers, NY.

If desired, you may appear either in person, by agent or your attorney, and present any verbal  
and/or written objections which you have for the granting or non-granting of this petition. You  
may, between the time you receive this notice and before the meeting, mail your comments to  
the Zoning Board of Appeals, Department of Housing and Buildings, 87 Nepperhan Avenue,  
Yonkers, NY 10701, as well as appear at the meeting.

All objections or comments could be subject to verification and the person or persons may be  
asked to describe the property he or she owns as to lot and block number and may be required  
by the Board to make an affidavit of ownership. All persons may be sworn to an oath of truth if  
required by the Board.

RESPECTFULLY,

\_\_\_\_\_  
Signature \_\_\_\_\_ Dated \_\_\_\_\_

\_\_\_\_\_  
Applicant Name - **Print clearly**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\*This notice is sent to you by the applicant by order of the Chairman of the Zoning Board of  
Appeals for the above referenced property; as it is a requirement of the Zoning Code (Section  
43-144D) to notify the surrounding property owners.

## Form of Proof of Service

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

In application for a permit for Special Exception Use and/or a variance before the Zoning Board of Appeals under the provisions of the General Ordinance of the City of Yonkers.

\_\_\_\_\_ being duly sworn, deposes and says that he is over twenty-one years of age and resides at \_\_\_\_\_, in the City/Town/Village of \_\_\_\_\_, in the County of \_\_\_\_\_, in the State of New York, that he is the applicant in a proceeding before the Zoning Board of Appeals, City of Yonkers, being a petition to the General Zoning Ordinance, and which relates to premises \_\_\_\_\_ that he or she gave notice of this proceeding to each and all of the persons named on the list of owners or property affected which he or she filed with said application, by mailing on \_\_\_\_\_ (date) by Certified Mail, to each of said owners a notice, a true copy of which is attached to this affidavit.

### ***AFFIDAVIT***

*State of New York*

*County of Westchester*

*City of Yonkers*

*SS:*

*I hereby depose and say that all of the statements contained in the papers submitted herewith are true.*

*Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.*

\_\_\_\_\_  
*Applicant Name (print clearly)*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Notary Public/Commissioner of Deeds*





Firm Mailing Book For Accountable Mail

Name and Address of Sender		Check type of mail or service										Affix Stamp Here (for additional copies of this receipt). Postmark with Date of Receipt.												
		<input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail										<input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery												
USPS Tracking/Article Number		Addressee (Name, Street, City, State, & ZIP Code™)										Postage	(Extra Service) Fee	Handling Charge - if Registered and over \$50,000 in value	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
1.																								
2.																								
3.																								
4.																								
5.																								
6.																								
7.																								
8.																								
Total Number of Pieces Listed by Sender		Postmaster, Per (Name of receiving employee)																						
Total Number of Pieces Received at Post Office																								

## Submission of Documents

	Item	original	# copies	✓
1	Application Form	1	11	
2	Notarized Letter of Authorization	1	11	
3	Principal Points	1	11	
4	Fee	1		
5	Sign Deposit	1		
6	Objection		12	
7	Certificate of Occupancy		12	
8	Area Map		12	
9	Photos		12	
10	List of Property Owners		12	
11	Submission of Documents	1	11	
12	Survey		12	
13	Plans	1	11	
14	PDF	1		
15	Notice Served	1	1	
16	Post Office Receipts	1	1	
17	Proof of Service	1	1	

### AFFIDAVIT

*State of New York*  
*County of Westchester*  
*City of Yonkers*

SS:

*I hereby depose and say that all of the statements contained in the papers submitted herewith are true.*

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
*Owner/Applicant/Representative Name*

\_\_\_\_\_  
*Owner/Applicant/Representative Signature*

\_\_\_\_\_  
*Notary Public/Commissioner of Deeds*